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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11855

CERTIFICATE OF DEATH

11849

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)	
a. COUNTY		b. STATE	
<i>QUEEN ANNE'S</i>		<i>Maryland</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b	
<i>CENTREVILLE</i>		<i>all his life</i>	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		e. IS RESIDENCE ON A FARM?	
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First	Middle
<i>William</i>		<i>JAMES</i>	<i>Blunt</i>
4. DATE OF DEATH		Month	Day Year
		<i>August</i>	<i>19 1966</i>
5. SEX		6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
<i>Male</i>		<i>White</i>	<i>DECEMBER 29 1881</i>
8. DATE OF BIRTH		9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months Days Hours Min.
		<i>78 yrs.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
<i>Retired Carpenter</i>		<i>General Construction</i>	
11. BIRTHPLACE (County & State, or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<i>QUEEN ANNE'S County, Maryland U.S.A.</i>		<i>U.S.A.</i>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<i>JAMES R. Blunt</i>		<i>Mary Melvin</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)		16. SOCIAL SECURITY NO. 17. INFORMANT	
<i>No</i>		<i>Wife</i>	
		<i>Address</i>	
		<i>212-16-7582 Mrs Nelly GREAVES Blunt, CENTREVILLE Md.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		<i>4 weeks</i>	
<i>151X</i>		DUE TO	
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.		(b)	<i>Carcinomas</i>
		DUE TO	
		(c)	<i>Paracancerous stomach</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		P	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
<i>19</i>			
21. I certify that (I) (this hospital) attended the deceased from <i>July 11, 1966</i> , to <i>Aug 17, 1966</i> , that (I) (we) last saw the deceased alive on <i>Aug 10, 1966</i> , and that death occurred at <i>5 P.M.</i> from the causes and on the date stated above.		22b. DATE SIGNED	
22a. SIGNATURE		<i>7-20-66</i>	
22c. PHYSICIAN'S NAME (Type)		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	22d. ADDRESS
<i>C.R. Layton</i>		<i>CENTREVILLE, Maryland</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE THEREOF	23c. NAME OF CEMETERY OR CREMATORY
<i>Burial</i>		<i>August 22, 1966</i>	<i>Chestertield Cemetery</i>
24. FUNERAL DIRECTOR		ADDRESS	25a. REC'D BY REGISTRAR
		<i>James H. Baity Jr., Baity Bros. Centreville, Maryland</i>	<i>Charles Judge</i>
			DATE AUG 23 1966

dear 3030

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 should be given to the funeral director. Page 6 should be given to the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11856

11850

1. PLACE OF DEATH a. COUNTY QUEEN ANNE		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MD	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) RURAL CENTRE VILLE		c. LENGTH OF STAY IN 1b 8	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		b. COUNTY QUEEN ANNE	
3. NAME OF DECEASED (Type or print) MARSHALL		First HARDCASTLE	Middle DoWNEs
4. DATE OF DEATH Month AUG Day 28 Year 1966		5. SEX M	6. COLOR OR RACE W
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>		8. DATE OF BIRTH APR. 19, 1920	9. AGE (in years last birthday) 46 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM		10b. KIND OF BUSINESS OR INDUSTRY OWNER	11. BIRTHPLACE (State or foreign country) MARYLAND
13. FATHER'S NAME MARSHALL B. DOWNES		14. MOTHER'S MAIDEN NAME Mary SPARKS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. MARSHALL H. DOWNES CENTREVILLE
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		Address	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Self Inflicted Gun shot wound of Head		INTERVAL BETWEEN ONSET AND DEATH Instant	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. } (b) } DUE TO } (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) Marked Depression last 6-8 mo		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Placed 410 shot Gun in Mouth & pulled Trigger	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 7:30 Aug 28 1966		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
20f. (City or town) Rural Centre ville On Md		(County) Centreville (State) MD	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE C.R. Layton			
EXAMINER'S NAME (Type) C.R. Layton			
22a. BURIAL, CREMATION, REMOVAL (Specify) Suicid		22b. DATE THEREOF Aug. 31, 1966	
22c. NAME OF CEMETERY OR CREMATORIAL DENTON		22d. LOCATION (City, town, or county) DENTON	
23. FUNERAL DIRECTOR Virgil Moore		ADDRESS Denton Rd.	
24a. REC'D BY REGISTRAR DATE SEP 2 1966		24b. REGISTRAR'S SIGNATURE Charles Judge	

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**MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND**

11851

11851

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. PLACE OF DEATH a. COUNTY QUEEN ANNE		2. USUAL RESIDENCE (Where deceased lived, if institutions, Residence before admission) a. STATE MARYLAND	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CENTERVILLE		c. LENGTH OF STAY IN 1b 61 PE	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - CENTERVILLE, Rt 3 - Box 168	
d. STREET ADDRESS 17 1		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) MARY		First	Middle
4. DATE OF DEATH Month 8		Month	Day Year 8 1966
5. SEX FEMALE		6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH Nov. 5, 1888		9. AGE (in years last birthday) 77 yrs.	10. IF UNDER 1 YEAR Months 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (County & State, or foreign country) QUEEN ANNE, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Ellsworth Wilson		14. MOTHER'S MAIDEN NAME Sally Dill	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No		16. SOCIAL SECURITY NO. 216-38-92636	
17. INFORMANT Gilbert Geiffin		Address CENTERVILLE, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 443X		INTERVAL BETWEEN ONSET AND DEATH 1 week	
Cconditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. Hypertensive Cardiovascular Disease		DUE TO (b) Arteriosclerosis Generalized DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arteriosclerosis Generalized		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) While at work	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED Not While at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State) Centreville, Md. 21617	
21. I certify that (I) (this hospital) attended the deceased from Aug. 1, 1966 to Aug. 3, 1966 , that (I) (we) last saw the deceased alive on Aug. 5, 1966 , and that death occurred at 7:15 PM , from the causes and on the date stated above.		22b. DATE SIGNED 8/11/66	
22a. SIGNATURE C.R. Layton		22b. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> 22d. ADDRESS Centreville, Md. 21617	
22c. PHYSICIAN'S NAME (Type) C.R. Layton, M.D.		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE THEREOF 8-12-66		23c. NAME OF CEMETERY OR CREMATORIAL CHESTERFIELD Cem	
24. FUNERAL DIRECTOR JAMES B. DASHIELL EASTON, Md		23d. LOCATION (City, town or county) (State) QUEEN ANNE Md	
ADDRESS		25a. REC'D. BY REGISTRAR DATE AUG 15 1966	
25b. REGISTRAR'S SIGNATURE Charles Juge			

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To DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with your files.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11858

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11852

1. PLACE OF DEATH a. COUNTY <i>Queen Anne</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Queen Anne</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Chester</i>		c. LENGTH OF STAY IN 1b c. LENGTH OF STAY IN 1b	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS <i>117-1</i>	
		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Luchia</i>		First <i>N.</i>	Middle <i>Huff</i>
4. DATE OF DEATH <i>August 27</i>		Month <i>1966</i>	Day <i>19</i>
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH <i>Nov. 30, 1902</i>		9. AGE (In years last birthday) <i>63</i>	IF UNDER 1 YEAR Months <i>yrs.</i> IF UNDER 24 HRS. Days <i>Hours</i> Min. <i>00</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>So. Carolina</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/>		16. SOCIAL SECURITY NO. <i>436-30-1782</i>	
17. INFORMANT <i>Harold Reinsmith - Chester, Maryland</i>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congestive Heart Failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>	
4221 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Arteriosclerotic cardiovascular disease</i> DUE TO (c)		years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. <i>19</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) <i>Easton</i> (County) <i>Md.</i> (State)
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE <i>C. Rodney Layton</i>		CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) <i>C. Rodney Layton</i>		M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
22. DATE SIGNED <i>8/29/1966</i>			
Address (Street, city, town, or county) <i>Centreville, Md.</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE THEREOF <i>Aug. 30</i>	23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS <i>Woodlawn Memorial</i>
24. FUNERAL DIRECTOR <i>Edgar L. Lane</i>		25a. REC'D BY REGISTRAR DATE <i>SEP 3 1966</i> 25b. REGISTRAR'S SIGNATURE <i>J Charles Judge</i>	

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item 9 Film G380 8/31/66 mh

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

11859		11853	
1. PLACE OF DEATH a. COUNTY Queen Anne's		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE New York	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b MARYLAND	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) New York	
Kent Narrows - Seward's Point		d. STREET ADDRESS 140 West 74th Street	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First LOUIS	Middle LEON
4. DATE OF DEATH		Month 8	Day 10
5. SEX Male		Year 1966	
6. COLOR OR RACE White		7. MARRIED WIDOWED	NEVER MARRIED DIVORCED
8. DATE OF BIRTH APRIL 1938		9. AGE (In years last birthday) 27 ²⁸ yrs	
10. DO: USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFEUR		11. BIRTHPLACE (State or foreign country) S. VIETNAM	
12. CITIZEN OF WHAT COUNTRY? FRANCE			
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. U.N. IN NEW YORK	
17. INFORMANT Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 9298 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Unknown	
20c. TIME OF INJURY Month, Day, Year Hour a.m. ? p.m. 8 ? 1966		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Chester River	
20f. (City or town) Grasonville		(County) Queen Anne's	
(State) Md.			
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input checked="" type="checkbox"/>			
ACTUAL SIGNATURE <i>Rudiger Breitenecker</i>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> M.D.	
EXAMINER'S NAME (Type) RUDIGER BREITENECKER, M.D.		22. DATE SIGNED 8-10-66	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE THEREOF 8/23/66	
23c. NAME OF CEMETERY OR CREMATORIUM BALTIMORE		23d. LOCATION (City or Town) BALTIMORE	
24. FUNERAL DIRECTOR <i>Rudiger Breitenecker</i>		ADDRESS <i>5617 Chester Ave</i>	
25a. REC'D BY REGISTRAR AUG 24 1966		25b. REGISTRAR'S SIGNATURE <i>Judge</i>	

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FOR STATE
HEALTH DEPT.MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11860

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11854

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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1. PLACE OF DEATH a. COUNTY QUEEN ANNE'S MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MARYLAND				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CENTREVILLE		c. LENGTH OF STAY IN 1b All his life				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CENTREVILLE				
3. NAME OF DECEASED (Type or print) John Palmer Smith		First	Middle			
4. DATE OF DEATH August 5 1966		Last	Month Day Year			
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	8. DATE OF BIRTH JUNE 27, 1896			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ATTORNEY - At - LAW		10b. KIND OF BUSINESS OR INDUSTRY				
11. BIRTHPLACE (State or foreign country) Baltimore Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME GEORGE C. Smith		14. MOTHER'S MAIDEN NAME ROBERTA Palmer				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES WWI		16. SOCIAL SECURITY NO. 214-32-6929				
17. INFORMANT John P. Smith, JR.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arteriosclerotic Heart Disease DUE TO (c)				
		INTERVAL BETWEEN ONSET AND DEATH Seconds app. 10 yrs				
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) at work	20f. (City or town) Centreville	(County) Maryland	(State) 21612
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and In my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>						
ACTUAL SIGNATURE C. Rodney Layton		CHIEF MEDICAL EXAMINER <input type="checkbox"/>		22. DATE SIGNED 8/6/66		
EXAMINER'S NAME (Type) C. Rodney Layton, M.D.		M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> Address (Street, city, town, or county) 104 S. Liberty St. Centreville, Md.		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF August 8, 1966	23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Chesterfield Cemetery Baptist Hosp., Centreville, Maryland	24d. LOCATION (City, town or county) (State) Centreville Maryland 21612		
24. FUNERAL DIRECTOR James H. Bettis Jr., Baptist Hosp., Centreville, Maryland		25a. REC'D BY REGISTRAR DATE AUG 9 1966		25b. REGISTRAR'S SIGNATURE Charles Judge		

